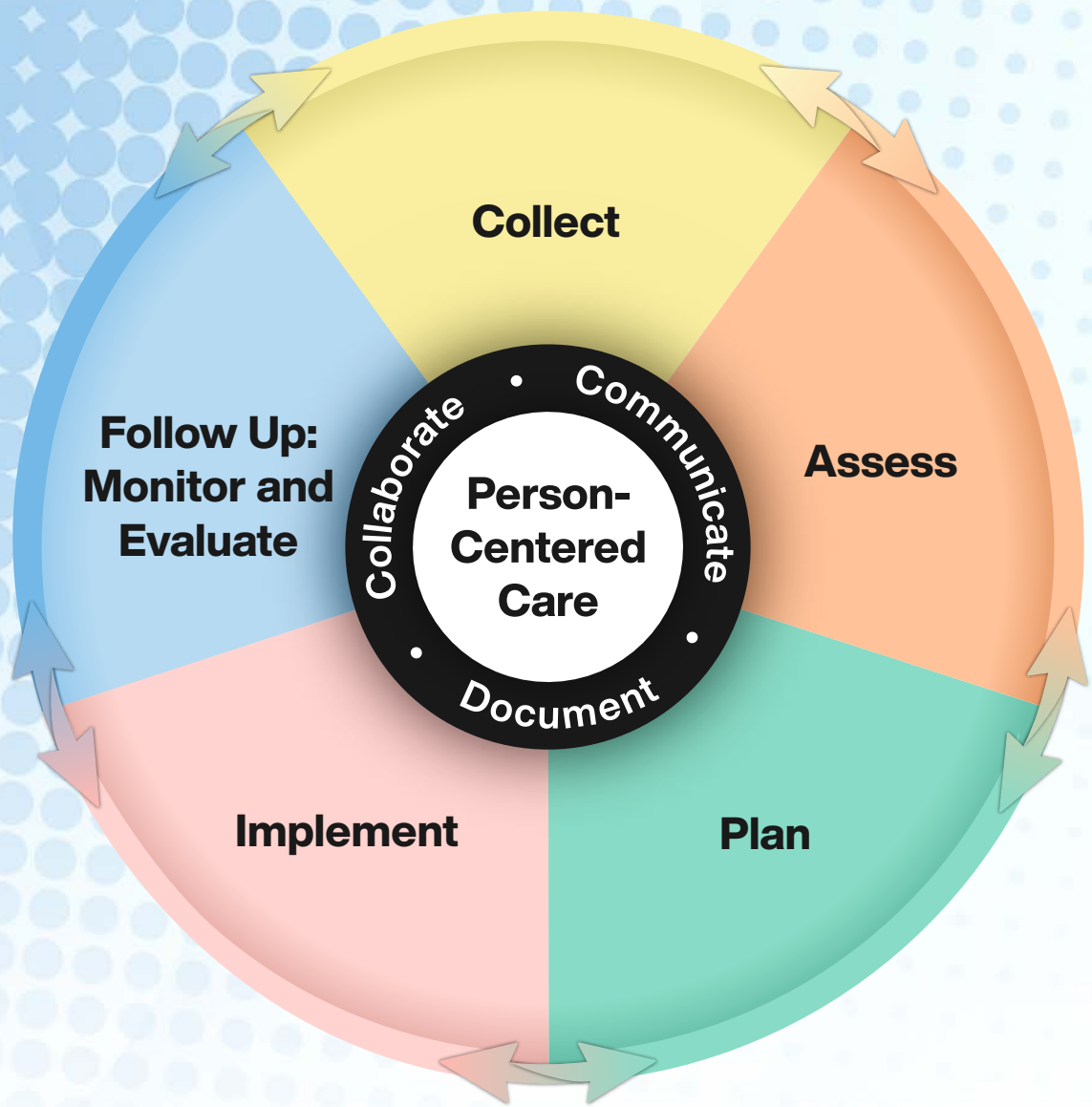
Pharmacists' Patient Care Process



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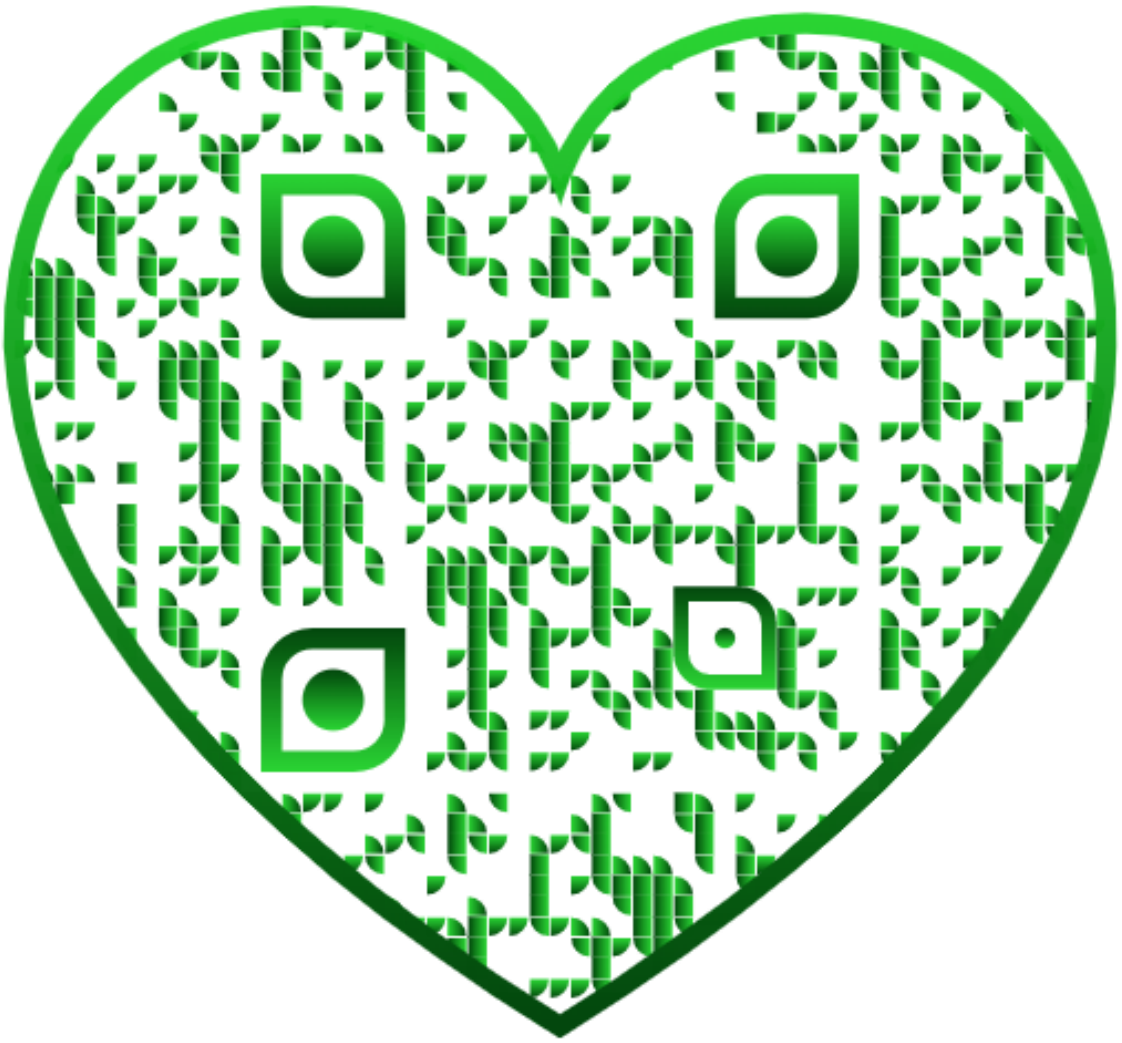

Joint Commission of Pharmacy Practitioners

The Joint Commission of Pharmacy Practitioners (JCPP) was established in 1977 and serves as a forum on matters of common interest and concern to national organizations of pharmacy practitioners and invited liaison members. JCPP members are: Academy of Managed Care Pharmacy, American Association of Colleges of Pharmacy, American Association of Psychiatric Pharmacists, American College of Clinical Pharmacy, Accreditation Council for Pharmacy Education, American Pharmacists Association, American Society of Consultant Pharmacists, American Society of Health-System Pharmacists, Hematology/Oncology Pharmacy Association, National Association of Boards of Pharmacy, National Community Pharmacists Association, National Alliance of State Pharmacy Associations, and the National Pharmaceutical Association.

The 2025 Pharmacists' Patient Care Process (PPCP) is a revision of the 2014 JCPP PPCP and was approved by JCPP on May 20, 2025.

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Pharmacists' Patient Care Process

Background

The goal of high-quality, cost-effective, and accessible health care is achieved through team-based person-centered care. Pharmacists are essential members of the health care team. Over 70% of physician office and hospital emergency room visits involve medication therapy, and pharmacists are trained in the management and optimization of medications.[1] Pharmacists provide a wide array of patient care services in many different practice settings, consistent with scope of practice. These services reduce adverse drug events and improve safety, medication use, and health outcomes.

A patient care process is one of three core components of the pharmaceutical care practice developed by Cipolle, Strand, and Morley in 2004.[2] The other components include a philosophy of care that emphasizes the pharmacist's responsibility to solve medication-related issues and support patients' medication use as well as a practice management system that encompasses the structure and resources such as the physical space, documentation, payment, and quality improvement systems needed to deliver effective patient care. The importance of a consistent process in the delivery of patient care services is recognized by the pharmacy profession at large. In May 2014, the Joint Commission of Pharmacy Practitioners (JCPP) released the Pharmacists' Patient Care Process (PPCP).[3] The PPCP, developed using a consensus-based approach, articulates the patient care process for pharmacists to use as a framework for delivering patient care in any practice setting.

Since its adoption, the PPCP has been implemented in pharmacy practices and incorporated as a required element into Accreditation Council for Pharmacy Education (ACPE) Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree,[4] American Society of Health-System Pharmacists Accreditation Standard for Postgraduate Residency Programs,[5] ACPE Accreditation Standards for Continuing Pharmacy Education,[6] and many other resources and educational programs for pharmacists. The steps of the PPCP were validated via an implementation science approach in the Comprehensive Medication Management in Primary Care study.[7]

In 2023, JCPP convened the Patient Care Process Workgroup (WG), composed of representatives from 14 national pharmacy organizations, to review and update the PPCP to reflect evolving trends in the health care system and pharmacists' contemporary practice. Using a consensus-based modified Delphi method, the WG revised the PPCP, considering changes within the health care system since 2014 and the pharmacy community experience with its adoption. Several WG-identified overarching considerations guided the revision, including the use of person-centered terminology; a focus on health equity, health disparities, and social determinants of health; changes to pharmacists' scope of practice; the emergence of new patient care delivery modes; an emphasis on coordination and collaboration with patients, caregivers, and other health care professionals through team-based care; and learnings from the Comprehensive Medication Management in Primary Care study.[7] Feedback from the pharmacy community was gathered using a public comment period. Comments were reviewed and categorized using a qualitative analysis process, then evaluated by the WG for incorporation into the revised document. The 2025 PPCP is intended to articulate a contemporary and comprehensive approach to pharmacists' person-centered care that is delivered in all pharmacy practice settings and contributes value to patients, caregivers, other care team members, and the health care system.

1 Centers for Disease Control and Prevention, National Center for Health Statistics. Therapeutic Drug Use. Last reviewed January 10, 2025. *https://www.cdc.gov/nchs/fastats/drug-use-therapeutic.htm*

2 Cipolle RJ, Strand LM, Morley PC. Pharmaceutical Care Practice: The Clinician's Guide. 2nd ed. McGraw Hill; 2004.

3 Joint Commission of Pharmacy Practitioners. Pharmacists' Patient Care Process. May 29, 2014. *https://jcpp.net/wp-content/uploads/2016/03/PatientCareProcess-with-supporting-organizations.pdf*

4 Accreditation Council for Pharmacy Education. Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree ("Standards 2025"). Updated June 12, 2025. *https://www.acpe-accredit.org/pdf/ACPEStandards2025.pdf*

5 American Society of Health-System Pharmacists. Accreditation Standard for Postgraduate Residency Programs. September 20, 2024. *https://www.ashp.org/-/media/assets/professional-development/residencies/docs/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs.pdf*

6 Accreditation Council for Pharmacy Education. Accreditation Standards for Continuing Pharmacy Education. June 2024. *https://www.acpe-accredit.org/pdf/CPE_Standards_Finalv6_Updated_June%202024.pdf*

7 CMM in Primary Care Research Team. The Patient Care Process for Delivering Comprehensive Medication Management (CMM): Optimizing Medication Use in Patient-Centered, Team-Based Care Settings. July 2018. *https://www.accp.com/cmm_care_process*

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Pharmacists' Patient Care Process

Pharmacists, as medication experts and integral members of the care team, are essential health care providers who use a person-centered approach to optimize each patient's medication and health outcomes. By establishing trusted relationships and fostering effective communication, pharmacists collaborate with patients and their support systems as well as other care team members to provide quality health care. Pharmacists provide a wide array of patient care services aligned with standard of care, consistent with scope of practice, and facilitated by collaborative practice agreements, statewide protocols, standing orders, and independent prescribing authority. To structure care and provide consistency for patients, the Pharmacists' Patient Care Process (PPCP) is applicable across all practice settings and modes of delivery (e.g., in person, telehealth). Patient care is optimized when pharmacists have access to contemporary technology capabilities that augment their practice, enable documentation of their services, and allow for secure exchange of patient information through standardized data-sharing solutions (e.g., electronic health records, digital health devices, clinical documentation and billing systems).[8]

Guided by evidence, clinical reasoning, and complexity of patient needs, pharmacists apply the five steps of the PPCP to help patients meet their health goals (Figure 1).

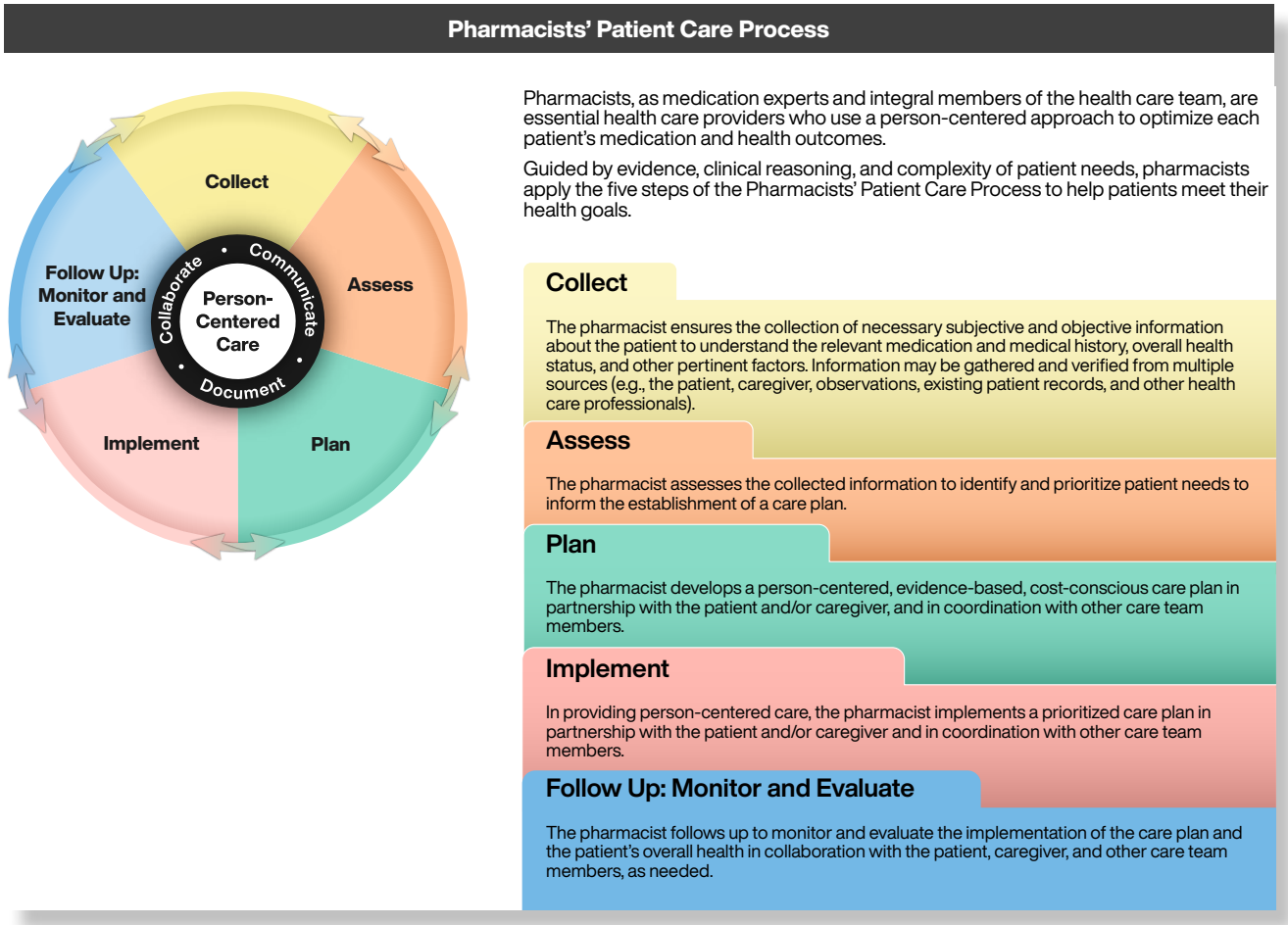
Pharmacists' Patient Care Process
Collect
Assess
Plan
Implement
Follow Up: Monitor and Evaluate
Person-Centered Care
Communicate
Document
Collaborate
Pharmacists, as medication experts and integral members of the health care team, are essential health care providers who use a person-centered approach to optimize each patient's medication and health outcomes.
Guided by evidence, clinical reasoning, and complexity of patient needs, pharmacists apply the five steps of the Pharmacists' Patient Care Process to help patients meet their health goals.
Collect
The pharmacist ensures the collection of necessary subjective and objective information about the patient to understand the relevant medication and medical history, overall health status, and other pertinent factors. Information may be gathered and verified from multiple sources (e.g., the patient, caregiver, observations, existing patient records, and other health care professionals).
Assess
The pharmacist assesses the collected information to identify and prioritize patient needs to inform the establishment of a care plan.
Plan
The pharmacist develops a person-centered, evidence-based, cost-conscious care plan in partnership with the patient and/or caregiver, and in coordination with other care team members.
Implement
In providing person-centered care, the pharmacist implements a prioritized care plan in partnership with the patient and/or caregiver and in coordination with other care team members.
Follow Up: Monitor and Evaluate
The pharmacist follows up to monitor and evaluate the implementation of the care plan and the patient's overall health in collaboration with the patient, caregiver, and other care team members, as needed.

Figure 1 - PPCP diagram

[8] Office of the National Coordinator for Health Information Technology. United States Core Data for Interoperability: Version 5. March 2025. *https://www.healthit.gov/isp/sites/isp/files/2024-07/USCDI-Version-5-July-2024-Final.pdf*

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Collect

The pharmacist ensures the collection of necessary subjective and objective information about the patient to understand the relevant medication and medical history, overall health status, and other pertinent factors. Information may be gathered and verified from multiple sources (e.g., the patient, caregiver, observations, existing patient records, other health care professionals). Based on the needs of the patient, this process may include:

- Collecting patient health concerns, priorities, goals, lifestyle factors, beliefs, preferences, cognitive and functional status, and social determinants of health that affect medication outcomes and overall health.
- Determining the patient's current medication list and past medication history for prescription and nonprescription medications and other products with potential therapeutic implications.
- Compiling relevant medical and pharmacotherapeutic data that may include but are not limited to medical problems, physical assessment findings, allergies and intolerances, immunizations, vital signs, laboratory values, genomics, clinical notes, and results from clinical tests, diagnostic imaging, medical devices, and other digital health tools.
- Obtaining details related to the care of the patient such as patient demographics, health insurance information, and contact information for other care team members, as appropriate.

Assess

The pharmacist assesses the collected information to identify and prioritize patient needs to inform the establishment of a care plan. In the context of new and existing goals of therapy and other patient goals, this process includes:

- Evaluating each medication for indication, appropriateness, effectiveness, safety, interactions, tolerability, cost, access, convenience, and adherence to identify medication therapy problems and other medication-related needs.[9]
- Assessing existing and identifying new medical problems, including diagnosing* consistent with a pharmacist's scope of practice, for potential intervention, resolution, or referral.
- Evaluating social determinants of health, cultural considerations, and health literacy to identify opportunities for intervention, resolution, or referral.
- Determining preventive care and wellness needs (e.g., medications, immunizations, education, screenings).
- Formulating person-centered, evidence-based care goals.

Plan

The pharmacist develops a person-centered, evidence-based, cost-conscious care plan in partnership with the patient and/or caregiver and in coordination with other care team members. The process of formulating a care plan to address goals may include:

- Optimizing medications by addressing prioritized medication therapy problems and other medication-related needs.
- Incorporating prioritized medical problems, lifestyle modifications, preventive care needs, and social determinants of health.
- Integrating continuity of care, safe and timely transitions of care, referrals, follow-up, and appropriate monitoring parameters.
- Confirming patient and/or caregiver understanding and agreement with the goals and plan.

* Examples may include but are not limited to diagnosing self-care conditions, medication therapy problems, and based on point-of-care testing results.

[9] Pharmacy Quality Alliance. PQA Medication Therapy Problem Categories Framework. August 2017. To request the framework, contact PQA at MeasureUse@PQAalliance.org.

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Implement

In providing person-centered care, the pharmacist implements a prioritized care plan in partnership with the patient and/or caregiver and in coordination with other care team members. This process may include:

- Taking action to resolve medication therapy problems and other medication-related needs by initiating, continuing, modifying, discontinuing, dispensing, administering, and/or prescribing medications consistent with scope of practice.
- Ordering and/or performing laboratory tests and providing health monitoring tools as needed, consistent with scope of practice.
- Addressing prioritized medical problems, lifestyle modifications, preventive care needs, and social determinants of health.
- Providing the patient and/or caregiver with personalized education, a current medication list, and strategies for self-care.
- Initiating coordination of care through scheduled appointments, referrals to another care team member, and/or connection to community services.
- Communicating with other care team members, when needed, and documenting the care provided.

Follow Up: Monitor and Evaluate

The pharmacist follows up to monitor and evaluate the implementation of the care plan and the patient's overall health in collaboration with the patient, caregiver, and other care team members, as needed. This process includes:

- Monitoring and evaluating outcomes of the care plan and progress toward achieving person-centered goals, resolving medication therapy problems and other medication-related needs, and optimizing health.
- Continuing the Pharmacists' Patient Care Process for new and existing patient care needs.

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Pharmacists' Patient Care Process Glossary of Select Terms

The definitions in this glossary are intended to provide additional detail and context for select terms used in the Pharmacists' Patient Care Process. Some definitions have been adapted from existing definitions for applicability to pharmacists' patient care practices.

caregiver: a person who provides support and assistance with various activities to a family member, friend, or neighbor; caregiving may be done in person or from a long distance by providing emotional or financial support as well as hands-on help with different tasks.[i]

cost-conscious: the pharmacist's consideration of a medication's clinical effectiveness, cost (to the patient and the health care system), and accessibility; it involves making informed decisions about medication selection, dosage, and duration to ensure patients receive the most appropriate, affordable, and accessible pharmacotherapy.

diagnosis: the act or process of identifying or determining a disease, condition, or problem through evaluation of patient history, examination of a patient, and review of laboratory data, consistent with the pharmacist's scope of practice.[ii]

evidence-based practice: the conscientious and judicious use of current best evidence in conjunction with clinical expertise and patient values to guide health care decisions.[iii–v]

lifestyle factors: the adaptable behaviors and ways of life that influence an individual's health and well-being, such as nutrition, physical activity, and use of nicotine, alcohol, cannabis, and other substances.[vi, vii]

medication history: a comprehensive record of prescription and nonprescription medications and other products with potential therapeutic implications (e.g., herbal and dietary supplements, other complementary/alternative treatments, illicit drugs) currently or previously taken by the patient, including but not limited to medication name, dose, route of administration, frequency, indication, duration, reason for use or discontinuation, patient adherence, adverse effects, allergies, intolerances, and access barriers reported by the patient and/or caregiver.

medication optimization: a person-centered approach to safe and effective medication use to ensure people obtain the best possible outcomes from their medications; this is achieved by focusing on necessary improvements in both the patient's medication regimen and medication use.[viii, ix]

person-centered care: the practice of providing care in ways that are respectful of and responsive to individual preferences, needs, and values as well as ensuring that those receiving care or their advocates participate in decision making.[x]

pharmacotherapeutics: the focus on use of medications to treat, manage, and prevent diseases; it combines knowledge of drug actions (pharmacodynamics and pharmacokinetics), genomics, therapeutic goals, and patient-specific factors to optimize medication therapy and achieve the best clinical outcomes.[xi–xiv]

prescribing: to authorize the use of a medication, treatment, or device consistent with a pharmacist's scope of practice.

quality health care: the degree to which health services for individuals and populations increase the likelihood of desired health outcomes; consistent with evidence-based professional knowledge. Quality health services should be effective, safe, person-centered, timely, equitable, integrated, and efficient.[xv]

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self-care: the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health care provider; self-care recognizes individuals as active agents in managing their own health care in areas including health promotion, disease prevention and control, self-medication, providing care to dependent persons, and rehabilitation, including palliative care.[xvi]

social determinants of health: the nonmedical factors that influence health outcomes such as the conditions in which people are born, grow, work, live, worship, and age; these conditions include a wide set of forces and systems that shape daily life such as economic policies and systems, development agendas, social norms, social policies, and political systems.[xvii]

standard of care: the degree of care that a prudent and reasonable licensed or registered health care professional with similar education, training, and experience will exercise under similar circumstances.[xviii]

i U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Glossary of Terms. Accessed July 8, 2025. *https://aspe.hhs.gov/glossary-terms*

ii Centers for Disease Control and Prevention, National Center for Health Statistics. Definitions: Diagnosis. Last reviewed June 26, 2023. *www.cdc.gov/nchs/hus/sources-definitions/diagnosis.htm*

ii Titler MG. The evidence for evidence-based practice implementation. In: Hughes RG, ed. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Chapter 7. Agency for Healthcare Research and Quality; April 2008. www.ncbi.nlm.nih.gov/books/NBK2659/

iv Sackett DL, Rosenberg WMC, Gray JAM, Haynes RB, Richardson WS. Evidence based medicine: What it is and what it isn't. BMJ. 1996;312(7023):71-72. doi:10.1136/bmj.312.7023.71

v Olson AW, Isetts BJ, Stratton TP, Vaidyanathan R, Hillman LA, Schommer JC. An exploratory QUALquan comparison of patient-centeredness priorities in outpatient care for patients and pharmacists. J Am Coll Clin Pharm. 2022;5(6):578-589. doi:10.1002/jac5.1618

vi Tutor2u. Lifestyle Factors. Accessed July 8, 2025. *www.tutor2u.net/hsc/topics/lifestyle-factors*

vii Substance Abuse and Mental Health Services Administration. Substance Use. Last updated October 30, 2024. *https://www.samhsa.gov/substance-use*

vii NICE Medicines and Prescribing Centre. Guideline summary. In: Medicines Optimisation: The Safe and Effective Use of Medicines to Enable the Best Possible Outcomes. Chapter 4. Manchester, UK: National Institute for Health and Care Excellence; March 2015. *www.ncbi.nlm.nih.gov/books/NBK355915/*

ix American College of Clinical Pharmacy. Medication Optimization. Accessed July 8, 2025. *www.accp.com/docs/positions/misc/Medication_Optimization_Graphic.pdf*

x Interprofessional Education Collaborative. IPEC Core Competencies for Interprofessional Collaborative Practice: Version 3. November 20, 2023. *https://www.ipecollaborative.org/2021-2023-core-competencies-revision*

xi Katzung BG, Vanderah TW. Basic and Clinical Pharmacology. 15th ed. McGraw Hill; 2021.

xii DiPiro JT, Yee GC, Haines ST, Nolin TD, Ellingrod VL, Posey LM, eds. DiPiro's Pharmacotherapy: A Pathophysiologic Approach. 12th ed. McGraw Hill; 2023.

xiii Genomics Education Programme. Pharmacogenomics: Mechanisms of Action. July 9, 2019. *www.genomicseducation.hee.nhs.uk/blog/pharmacogenomics-mechanisms-of-action/*

xiv Relling MV, Evans WE. Pharmacogenomics in the clinic. Nature. 2015;526(7573):343-350. doi:10.1038/nature15817

xv World Health Organization. Quality of Care. Accessed July 8, 2025. *www.who.int/health-topics/quality-of-care#tab=tab_1*

xvi World Health Organization. Self-Care for Health and Well-Being. Accessed July 8, 2025. *www.who.int/health-topics/self-care#tab=tab_1*

xvii Centers for Disease Control and Prevention. Social Determinants of Health (SDOH). January 17, 2024. *www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html*

xviii National Association of Boards of Pharmacy. Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy. August 2024. *https://www.nabp.pharmacy/members/board-resources/model-pharmacy-act-rules/*

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